WHITCOM

E-911 Emergency Communications EMPLOYMENT APPLICATION 325 S.E. PARADISE STREET PULLMAN, WA 99163 (509) 338-3207

WHITCOM IS AN EQUAL OPPORTUNITY "AT-WILL" EMPLOYER. IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CONTACT THE HUMAN RESOURCES DEPARTMENT AT (509) 338-3207. T.D.D. 1-800-833-6388.

An incomplete application may delay action or disqualify you. Please type or use a ballpoint pen in completing this application.

POSITION APPLIED FOR:		DATE:	
NAME:			
Last	First	Middle	
PRESENT ADDRESS:	CITY:	ST	ZIP
PERMANENT ADDRESS:	CITY:	ST	ZIP
PHONE: (HOME) () (BUSINES	SS) ((MSG) ()		
E-MAIL ADDRESS:			
PREVIOUS WHITCOM EMPLOYEE?YESN	NO DATES: FROM	TO	
POSITION HELD:			_
ARE YOU RELATED BY BLOOD, ADOPTION, OR MA EMPLOYEE NAME AND POSITION:			YESNO
ARE YOU OVER THE AGE OF 18?YESNO			
ARE YOU PREVENTED FROM LAWFULLY BECOME STATUS? YES NO Proof of citizens	NG EMPLOYED IN THIS COUNTRY Iship or immigration status will be required at time of		OR IMMIGRATION
HAVE YOU BEEN CONVICTED FOR THE VIOLATION WITHIN THE LAST TEN YEARS?	N OF ANY LAW (EXCEPT MINOR TR	RAFFIC VIOLATION	S OF \$75 OR LESS)
YES NO IF YES, LIST THE CITY WHERE ISS	SUED, THE CHARGE, DATE OF ISSUE	, AND DISPOSITION	1:
CONVICTION DOES NOT NECESSARILY BAR YOU	U FROM EMPLOYMENT WITH WH	ІТСОМ.	
U.S. MILITARY SERVICE:YES NO SPECIA	ALITY:		
BRANCH OF SERVICE: DA	ATE IN: DAT	ΓΕ OUT:	
MANAGEMENT/SUPERVISORY EXPERIENCE?Y	YES NO NUMBER OF YEARS:		
Number of Employees Managed/Supervised: Desc	eribe your primary management/supervisor	ry functions:	
PROFESSIONAL CERTIFICATIONS: (Please list any pro	ofessional certifications and their expiration	on dates.	
Certification		Expiration Date	

EDUCATION

0.1. 1	N 1411 (CC 1 1	G	V C 1 1 1	D' 1 /D	
School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree	
High School					
Undergraduate					
Graduate					
Other					
WORK HISTORY					

RESUMES MAY BE ATTACHED BUT WILL NOT BE A BEGINNING WITH YOUR PRESENT OR MOST RECEN THE LAST TEN YEARS, INCLUDING PERIODS OF SEL	T EMPLO F-EMPLO	OYMENT OYMENT	, LIST YOUR WORK	EXPERIENCE	FOR AT LEAS
SHEETS IF NECESSARY. IF AN ANSWER IS NOT KNO Employer:	Dates Er		Work Performed		
Address:	From	То			
Telephone:					
Job Title:	Hrly Rate/Salary				
Supervisor:	Start	Final	Full-time	Part-tim	e
Reason for Leaving:			May we Contact: _	Yes	_ No
Employer:	Dates Er	nployed	Work Performed		
Address:	From	То			
Telephone:					
Job Title:	Hrly Rat	e/Salary			
Supervisor:	Start	Final	Full-time Part-time		e
Reason for Leaving:			May we Contact: _	Yes	_ No
Employer:	Dates Employed		Work Performed		
Address:	From	То			
Telephone:					
Job Title:	Hrly Rat	e/Salary			
Supervisor:	Start	Final	Full-time	Part-tim	e
Reason for Leaving:			May we Contact:	Yes	_ No

	Dates En	nployed	Work Performed		
·	From	То			
	Hrly Rat	e/Salary			
	Start	Final	Full-time	Part-t	ime
aving:			May we Contact: Yes No		No
	Dates En	nployed	Work Performed		1
	From	То			
	Hrly Rat	e/Salary			
	Start	Final	Full-time	Part-	time
ving:			May we Contact: _	Yes	No
	REFERE		10		
ETE ADDRESS: ONSHIP TO YOU: ETE ADDRESS:			PHONE	::	
ONSHIP TO YOU:					
0.15111 10 100.					
ETE ADDRESS:					
ONSHIP TO YOU:	TIONAL	COM			
	ADDI	ADDITIONAL		ADDITIONAL COMMENTS	ADDITIONAL COMMENTS

SKILLS				
TYPING OR COMPUTER KEYBOARDING EXPERIENCE? YES NO w.p.m				
COMPUTER EXPERIENCE?YES NO IBM COMPATIBLE?YES NO				
List the software programs you have worked with: Word processing:				
Spreadsheet:				
Database: Internet:				
IF THE POSITION APPLIED FOR REQUIRES A DRIVER'S LICENSE, DO YOU HAVE A VALID LICENSE? YES NO State of Issue: Driver's License Number: Expiration Date:				
LIST ANY ADDITIONAL MACHINES, TOOLS, OR EQUIPMENT WHICH YOU OPERATE RELEVANT TO THE POSITION:				
CERTIFICATION I CERTIFY UNDER PENALTY OF PERJURY THAT ALL STATEMENTS CONTAINED IN THIS APPLICATION (AND ATTACE MENTS, IF ANY) ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE STATEMENTS MAY B SUFFICIENT REASON FOR DISMISSAL IF I AM HIRED BY WHITCOM. ALL STATEMENTS SUBMITTED ON THI APPLICATION FOR EMPLOYMENT MAY BE INVESTIGATED AND VERIFIED BY WHITCOM AND/OR ITS AGENTS PRIOR TO APPOINTMENT OR NON-APPOINTMENT.				
SIGNATURE DATE				

EMPLOYMENT IS CONTINGENT UPON THE SUCCESSFUL COMPLETION OF AN EMPLOYMENT ELIGIBILITY VERIFICATION FORM (I-9) [P.L. 99-603: U.S. IMMIGRATION REFORM AND CONTROL ACT OF 1986]; AND, WHEN APPLICABLE, AN APPLICANT DISCLOSURE FORM (PURSUANT TO CHAPTER 486, LAWS OF 1987 AS AMENDED) AND WASHINGTON STATE PATROL CRIMINAL HISTORY BACKGROUND CHECK (R.C.W. 43.43.830-840).

WHITCOM IS AN EQUAL OPPORTUNITY EMPLOYER AND ASSURES EQUAL EMPLOYMENT REGARDLESS OF RACE, CREED, COLOR, ETHNICITY, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, OR THE PRESENCE OF ANY SENSORY, MENTAL, OR PHYSICAL DISABILITY.